

Arizona State Board of Health

1. PLACE OF DEATH  
 STANDARD CERTIFICATE OF DEATH  
 COUNTY Grubbs STATE ARIZONA REGISTERED NO. 113  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE Blondyke OR \_\_\_\_\_  
 CITY \_\_\_\_\_ NO. \_\_\_\_\_ WARD \_\_\_\_\_  
 LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) \_\_\_\_\_  
 IN CITY OR TOWN WHERE DEATH OCCURRED 40 YRS. 7 MOS. 10 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 2. FULL NAME Lauriano Maraga (Moraga) HOW LONG IN STATE WHEN DEATH OCCURRED 40 YRS. 7 MOS. 10 DS.  
 (A) RESIDENCE NO. Blondyke Ariz. WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS  
 3. SEX Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rafaela (OR) WIFE OF Martina  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1935  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.  
40 | 7 | 10 | \_\_\_\_\_  
 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Labour  
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_  
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1935  
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 11-22, 1935, TO 11-25, 1935  
 I LAST SAW HIM ALIVE ON 11-24, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 3:00 P.M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Labour  
Pneumonia  
 DATE OF ONSET \_\_\_\_\_  
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Passed over his abdomen  
gained over 25 lbs.  
a chronic gastritis  
 NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_  
 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:  
 ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY, \_\_\_\_\_, 1935  
 WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_  
 MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_  
 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
 IF SO, SPECIFY \_\_\_\_\_  
 (SIGNED) J. W. McCoris M. D.  
 (ADDRESS) Safford, Ariz.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ariz.  
 13. NAME Lauriano Maraga  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mex  
 15. MAIDEN NAME Juanita Sato  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ariz. Tucson  
 17. INFORMANT (ADDRESS) Laura Blondyke  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blondyke Ariz. DATE Nov 25, 1935  
 19. EMBALMER { LICENSE NO. 116 SIGNATURE \_\_\_\_\_  
 FUNERAL DIRECTOR Mr. E. Rawson ADDRESS Safford, Ariz.

20. FILED Dec 7/35 REGISTRAR (ADDRESS) \_\_\_\_\_

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.